

# Minimum Licensing Standards for Child Welfare Agencies



# Introduction

“The Child Welfare Licensing Act,” Ark. Code Ann. **9-28-401** et. seq., (the Act) is the legal authority under which the Child Welfare Agency Review Board prescribes minimum licensing standards for child welfare agencies, as defined under the statute.

## Child Welfare Agency Review Board

The Child Welfare Agency Review Board (the Board) has the authority to promulgate standards and enforce the provisions of the Act. The Board may implement alternative methods of regulation and enforcement which may include, but not be limited to:

- a. expanding the types and categories of licenses to be issued;
- b. accepting the standards of other licensing authorities or compliance reviewing professionals as being equivalent to partial compliance with Board promulgated standards;
- c. allowing an abbreviated inspection to predict full compliance with the standards.

The Department of Human Services, Division of Children and Family Services is designated as the governmental agency charged with the enforcement of the provisions of the Act. Only the Division, licensees, and applicants for a license shall have standing before the Board, except where otherwise provided by law.

The Arkansas Administrative Procedures Act, Ark. Code Ann. **25-15-201** et. Seq., shall apply to all proceedings brought to the Board pursuant to this Act. The Arkansas Rules of Civil Procedure and the Arkansas Rules of Evidence shall also apply to adverse action hearings.

## Agencies Requiring Licensing

Any person, organization, corporation, partnership, voluntary association or other entity which provides care, training, education, custody, or supervision for a total of six (6) or more unrelated minors on a twenty-four (24) hour basis, and is not otherwise exempt by the Act, requires a license.

Any person, organization, corporation, partnership, voluntary association, or other entity which places, plans for or assists in the placement of any unrelated

minor for care in a foster home, adoptive home, or residential facility, and is not otherwise exempt by the Act, requires a license.

## **Types of Licenses**

### **RESIDENTIAL CHILD CARE FACILITY**

Any child welfare agency that provides care, training, education, custody or supervision on a twenty-four (24) hour basis for six (6) or more unrelated minors.

### **EMERGENCY RESIDENTIAL CHILD CARE FACILITY**

Any child welfare agency that provides twenty-four (24) hour custodial care for six (6) or more unrelated children on an emergency basis, not to exceed ninety (90) days.

### **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY**

A residential child care facility in a non-hospital setting that provides a structured, systematic, therapeutic program of treatment under the supervision of a psychiatrist, for children who are emotionally disturbed and in need of daily nursing services, psychiatrist's supervision and residential care, but who are not in an acute phase of illness requiring the services of an inpatient psychiatric hospital.

### **SEXUAL OFFENDER PROGRAM**

A treatment program that offers a specific and specialized therapeutic program for juvenile sexual offenders. A licensed sexual offender program may be in a residential child care facility, a therapeutic foster care home, or a psychiatric residential treatment facility. A sexual offender is described as a person who has committed one or more confirmed acts of sexual abuse/misconduct which constitutes the predominant need for specialized treatment services.

### **CHILD PLACEMENT AGENCY - ADOPTION**

A child welfare agency which places, plans for or assists in the placement of an unrelated minor in a household of one (1) or more persons which has been approved to accept a child for adoption.

## CHILD PLACEMENT AGENCY – FOSTER CARE

A child welfare agency which places, plans for or assists in the placement of an unrelated minor in a private residence of one (1) or more family members for care and supervision on a twenty-four (24) hour basis.

## CHILD PLACEMENT AGENCY – THERAPEUTIC FOSTER CARE

Any child welfare agency that places, plans for or assists in the placement of an unrelated minor in a therapeutic foster home. Therapeutic foster care is intensive therapeutic care for children provided in specially trained family homes supported by licensed mental health professionals. A therapeutic foster care program is a family-based services delivery approach providing individualized treatment for children, youth, and their families. Treatment is delivered through an integrated constellation of services with key interventions and supports provided by therapeutic foster parents who are trained, supervised, and supported by qualified program staff. Therapeutic foster care services shall be provided in a separately identified program of a larger agency or be provided by an independent agency.

An agency may be licensed for any or all types of licenses, depending on the types of services it provides.

## **License Status**

### NEW PROVISIONAL

Issued to a newly licensed agency for a one (1) year period, to give the agency time to demonstrate substantial compliance with minimum licensing standards.

### PROVISIONAL

Issued to an agency that has failed to maintain compliance with minimum licensing standards, but the Board believes that compliance can be restored and subsequently maintained. This license may be issued for up to one (1) year, at the discretion of the Board.

### REGULAR

Issued either to a previously licensed agency that continues to meet all minimum licensing standards, or issued to an agency that meets all essential standards and has a favorable compliance history which predicts full compliance with all standards within a reasonable time. A regular license shall remain open and effective until closed at the request of the agency or Board action.

## SUSPENDED

Board action taken when an agency has failed to maintain compliance with minimum licensing standards, but the deficiencies do not warrant revocation. A license may not be suspended for longer than one (1) year at a time. The Board may issue a provisional or regular license when compliance is restored.

## CLOSED

Board action taken when the agency requests that the license be closed.

## REVOKED

Board action taken when an agency has failed to maintain compliance with minimum licensing standards. The agency may not apply for a new license for at least one (1) year from the date of revocation.

## STATUS CHANGE

An altered license will be issued any time there is a change in the agency's program that affects the license type, status, capacity, or a name change.

Licenses are non-transferable to another owner or another location. Child placement agencies may relocate with the same license.

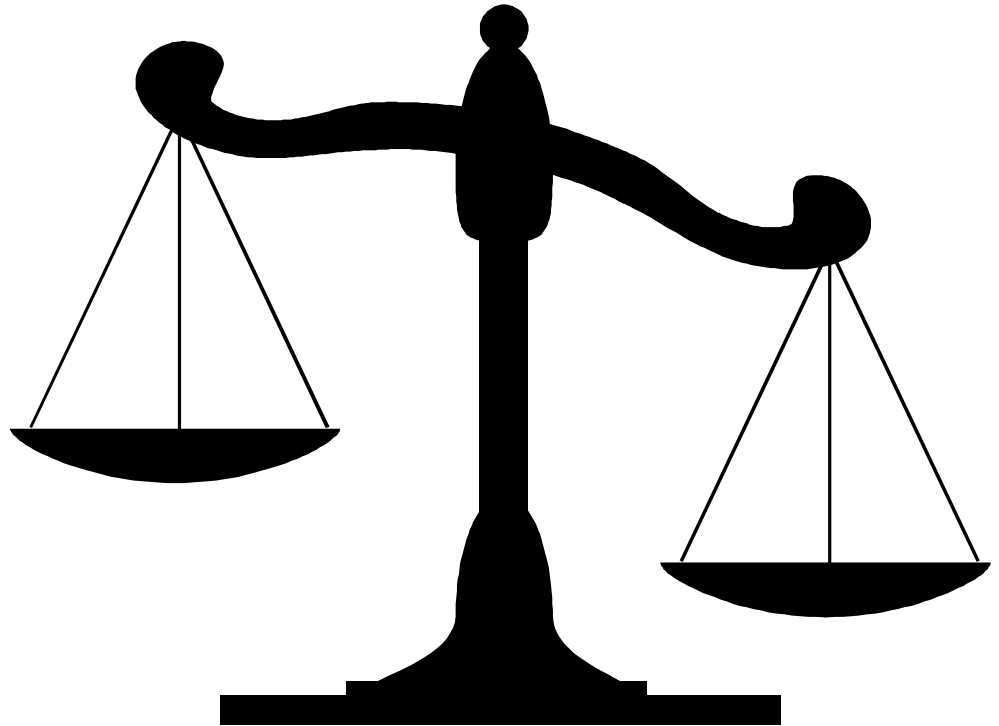
# **How To Apply The Standards**

Section 100 of the Minimum Licensing Standards for Child Welfare Agencies applies to all agencies that engage in residential care or placement of children into residential facilities, foster homes, or adoptive homes. Subsequent sections apply to specific types of residential facilities or child placement agencies. Not all sections of the Minimum Licensing Standards for Child Welfare Agencies apply to a specific license. Each agency must meet the license requirements of its agency category.

# **Alternative Compliance**

The Board may grant alternative compliance with any of these standards if the Board determines that the alternative form of compliance offers equal protection of the health, safety, and welfare to children and meets the basic intent of the requirement for which the alternative compliance is sought.

# 100. General Requirements



## 100.1 Applications & Licensing Procedure

1. The owner or board shall prepare and furnish an application for a license that contains the following minimum information:
  - a. A completed application form;
  - b. A letter from the agency's board authorizing a person to sign the application;
  - c. A copy of the Articles of Incorporation, bylaws, and current board roster, if applicable, including names and addresses of officers. Out of state agencies shall have legal authorization from the Arkansas Secretary of State to do business in Arkansas;
  - d. A personnel list with verifications of qualifications and experience;
  - e. Substantiation of the agency's financial soundness (e.g., an annual budget showing projected income and expenses);

- f. A written description of the agency's program of care, including intake policies, types of services offered, and a written plan for providing health care services to children in care;
  - g. Fire inspection, Arkansas Department of Health inspection, zoning approval for residential child care.
- 2. The agency or facility shall furnish the Licensing Specialist with any additional information reasonably needed to verify compliance with these standards and to make a recommendation regarding the granting of a license.
- 3. Once a completed application has been received, the Division shall complete a recommendation within ninety (90) days. If a recommendation is not made within ninety (90) days, the applicant may appear before the CWARB to request a license.

## **100.2 Monitoring & Corrective Action**

- 1. Monitoring visits to ensure continued compliance with licensing standards shall be conducted by the Licensing Specialist.
- 2. The Licensing Specialist shall investigate complaints of alleged violation of licensing standards, and may participate in investigations of alleged child maltreatment.
- 3. Monitoring visits may be scheduled or unscheduled, at the discretion of the Licensing Specialist.
- 4. The frequency of monitoring visits shall be at the discretion of the Licensing Unit.
- 5. At the discretion of the Licensing Unit, a multi-disciplinary team may be asked to advise the Licensing Specialist during initial approval or upon monitoring visits. This team may include a professional in the appropriate field.
- 6. Upon finding any deficiencies with licensing standards, the Licensing Specialist shall issue to the agency a corrective action notice, which shall state:
  - a. A factual description of the conditions that constitute a violation of the standard;
  - b. The specific law or standard violated;

- c. A reasonable time frame within which the violation must be corrected;
  - d. Agreement regarding the corrective action and time frame shall be shown by signature of the agency representative and the Licensing Specialist.
- 7. The agency shall provide a written corrective action plan when requested to do so by the Licensing Specialist in a corrective action notice.
- 8. The agency shall establish and follow written procedures for reporting allegations of child maltreatment according to Arkansas law, including notification of the Child Maltreatment Hotline.
- 9. The agency shall take steps to prevent harm or retaliation against the child while an allegation of child maltreatment is being investigated.
- 10. The agency shall ensure that the staff member accused in a maltreatment complaint does not have unsupervised contact with children during the investigation, unless an alternate plan is agreed upon between the agency, the Licensing Unit, and the custodian of the child.
- 11. The agency and all staff shall cooperate fully with investigators during a child maltreatment investigation.
- 12. The agency shall notify the Licensing Unit of critical incidents, such as serious injuries requiring emergency medical treatment, arrests, suicide attempts, or deaths.

### **100.3 Organization & Administration**

- 1. The purpose and mission of the agency, including treatment philosophy, services provided, and characteristics of children it is designed to serve, shall be stated in writing.
- 2. The following policies of the agency shall be current and available to all employees of the agency and the Licensing Specialist:
  - a. Personnel policies;
  - b. Volunteer/Student intern policy;
  - c. Admission policy;



- d.** Intake policy;
  - e.** Behavior Management policy;
  - f.** Crisis Management policy;
  - g.** Child Maltreatment/Mandated Reporter policy;
  - h.** Child Exploitation policy;
  - i.** Visitation policy;
  - j.** Family Therapy/Therapeutic Pass policy (Psychiatric only);
  - k.** Admission Health Assessments policy ((Psychiatric only);
  - l.** Public Safety policy (Sexual Offender Programs policy only);
  - m.** Target Population, Admission/Exclusion Criteria, and Discharge Criteria policy (Sexual Offender Programs only);
  - n.** Emergency, Respite Care, and Disruption policy (Placement Agencies only);
  - o.** Exclusion Policy (Adoption Agencies only).
- 3.** The child placement agency shall obtain a license before placing, or planning for the placement of, children in a foster home, adoptive home, or institution. The residential facility shall obtain a license before receiving six (6) or more children who are unrelated to the caregiver for care on a twenty-four hour basis.
  - 4.** The agency shall be legally authorized to conduct business in Arkansas by state law and local ordinance.
  - 5.** The agency shall meet all federal, state, and local laws and ordinances that apply to child welfare agencies and to the proper care of children in such facilities.
  - 6.** The agency shall have one designated person or entity who assumes responsibility for lawful operation of the agency.
  - 7.** All agencies shall maintain a current organizational chart showing the administrative structure of the organization.

8. All agencies applying for an Arkansas license shall provide proof that they are licensed in good standing in their home state, if applicable, and are in good standing in all other states where they are licensed.
9. All agencies licensed in Arkansas after *{insert promulgation date}* shall have an office in Arkansas.
10. All agencies licensed in Arkansas shall maintain all required files for licensing review as needed. They may chose to:
  - a. Maintain these files in their office in Arkansas; or
  - b. Arrange to provide the required files to the licensing staff; or
  - c. Pay reasonable expenses for licensing staff to travel to their home office.
11. All agencies licensed in Arkansas shall have a qualified caseworker available to provide emergency services.
12. All agencies licensed in Arkansas shall be bonded, maintain liability insurance, or be self-insured.

## **100.4 Central Registry & Criminal Record Checks**

1. The following persons in a child welfare agency shall be checked with the Child Maltreatment Central Registry in his state of residence, if available, and any state of residence in which the person has lived for the past six (6) years, and in the person's state of employment, if different, for reports of child maltreatment:
  - a. Employees having direct and unsupervised contact with children.
  - b. Volunteers/student interns/visiting resources having direct and unsupervised contact with children.
  - c. Foster parents, houseparents, and each member of the household age ten (10) years and older.
  - d. Adoptive parents, and each member of the household age ten (10) years and older, residing in Arkansas. Adoptive parents and each member of the household age ten (10) years and older

residing out of state shall provide Child Maltreatment Central Registry Checks from their state of residence, if available.

2. Persons required to have the Child Maltreatment Central Registry Check shall repeat the check every two (2) years, except that adoptive parents, and each member of the household age ten (10) years and older, shall repeat the check, if available, every year until the adoption decree has been issued.
3. Any person found to have a record of child maltreatment shall be reviewed by the owner or administrator of the agency, in consultation with the Child Welfare Agency Review Board or its designee, to determine corrective action. Corrective action may include, but is not limited to, counseling, training, probationary employment, non-selection for employment, or termination.
4. The following persons in a Child Welfare Agency shall be checked with the Identification Bureau of the Arkansas State Police for convictions of offenses listed in Arkansas Code Annotated **9-28-409**:
  - a. Employees having direct and unsupervised contact with children.
  - b. Volunteers/student interns/visiting resources having direct and unsupervised contact with children.
  - c. Foster parents, houseparents, and each member of the household age sixteen (16) years and older. The foster parents shall certify that household members ages fifteen (15) years and under do not have criminal records.
  - d. Adoptive parents and each member of the household age sixteen (16) years and older residing in Arkansas. Adoptive parents and each member of the household age sixteen (16) years and older residing out of state shall provide State Police Criminal Record Checks from their state of residence, if available. The out of state adoptive families do not need to do an Arkansas State Police Check if they have never resided in Arkansas.
  - e. Owners having direct and unsupervised contact with children.
  - f. Members of the agency's board of directors having direct and unsupervised contact with children.
5. If any person (listed in #4 above) has not resided in Arkansas continuously for the past six (6) years, a record check with the Federal Bureau of Investigation shall be completed. (These record

checks are not required for international adoptions as background checks are already part of INS requirements for adoption.) Adoptive parents residing outside of Arkansas who have lived in their state of residence continuously for the past six (6) years do not need to do the FBI checks.

6. Any person required to have an Arkansas State Police Record Check shall repeat the check every five (5) years, except adoptive parents after the adoption decree has been issued. Adoptive parents shall have State Police Checks and Child Maltreatment Central Registry Checks, if available in their state, dated within one (1) year prior to placement.
7. Child Maltreatment Central Registry Checks and Arkansas State Police/FBI Criminal Record Checks shall be initiated within ten (10) days of employment.
8. No person guilty of an excluded criminal offense pursuant to **901-28-409(e)(1)** shall be permitted to have direct and unsupervised contact with children, except as provided in the statute.
9. A residential facility, emergency residential facility, or psychiatric residential facility shall immediately notify the Licensing Unit when an employee (listed in #4 above) is found to have a record of an excluded criminal offense.

## **100.5 General Personnel Requirements**

1. The Administrator, Social Services Director, and each caseworker of a child welfare agency shall have twenty-four (24) hours of job-related continuing education each year.
2. Written personnel policies shall be current and available for review by agency staff and the Licensing Specialist.
3. The agency shall maintain a personnel file for each employee, which shall include;
  - a. A resume or application;
  - b. Verifications of qualifications;
  - c. Documentation of required annual training;
  - d. Criminal Record Check and Child Maltreatment Central Registry Check information as required by law;

- e. Documentation that employees working directly with children are informed that they are mandated reporters of suspected child maltreatment and are provided the information needed to make a report;
- f. A functional job description;
- g. At least three (3) positive personal references.

## **100.6 Administrator**

1. Each agency shall have an Administrator who shall be responsible for the general management of the agency.
2. The Administrator shall possess at least one of the following qualifications **[Only “a” and “b” meet requirements for Psychiatric facilities]**:
  - a. A doctorate degree;
  - b. A master's degree in a human services field (child development, psychology, sociology, social work, guidance and counseling, divinity, education) or in administration, business, or a related field;
  - c. A bachelor's degree in a human services field or in administration, business, or a related field, and at least two years of work experience in a human services agency.

## **100.7 Social Services Director**

1. The agency shall have a Social Services Director who shall supervise child placement activities and/or casework services by the agency.
2. The Social Services Director shall possess at least one of the following qualifications:
  - a. A master's degree or higher in a human services field (child development, psychology, sociology, social work, counseling and guidance, divinity, education);
  - b. A bachelor's degree in a human services field and two (2) years or work experience in a child welfare agency.

3. Anyone permitted to supervise child placement or casework services shall meet the qualifications for Social Services Director.

## **100.8 Caseworkers**

1. Each agency shall assign caseworkers who are responsible for doing assessment, case planning, and casework services for children and families.
2. Caseworkers shall have a bachelor's degree in a human services field, or a bachelor's degree and two (2) years work experience in a human services field.
3. A caseworker shall not have more than twenty-five (25) cases at a time.

## **100.9 Volunteers & Student Interns**

1. Each agency shall have a policy clearly defining the qualifications, duties, and supervision of volunteers and student interns.
2. Volunteers and interns shall be supervised by an appropriate and designated staff person.
3. A volunteer or intern who works unsupervised shall meet the qualifications required for a paid employee in that position.

## **100.10 Visiting Resources**

A visiting resource is defined as a non-related situation in which a visit occurs away from the facility, excluding normal age-appropriate activities such as overnight visit with friends, extra-curricular activities, church activities, or short-term summer camps. Records shall include the following:

1. Documentation and narrative of at least one (1) home visit for evaluation purposes prior to visitation occurring.
2. At least three (3) character references.

3. Documentation of State Police Criminal Record Checks and Child Maltreatment Central Registry Checks, if available.
4. All members of the household older than twelve (12) years shall receive a Mantoux skin test for tuberculosis every three (3) years, as long as test results remain negative. Household members with a positive skin test must provide documentation from a physician every two years certifying that they are free from communicable tuberculosis.
5. Narrative of continuing contact and an annual review, in person, of the visiting resource.

## **100.11 Admission**

1. Each child welfare agency shall establish written criteria for admitting/excluding children.
2. The agency shall not admit any child for whom the agency cannot provide adequate care.
3. Each child shall have a medical exam no more than sixty (60) days before admission, or scheduled within one (1) week of admission.
4. Age-appropriate immunizations shall be current or scheduled within one (1) week of admission.
5. The child placement agency shall obtain written authority from the parent(s), guardian(s), or court before placement, or within 72 hours if an emergency placement.
6. The residential child care facility shall attempt, and shall document their attempts, to obtain written verification of the placing agents authority to place the child at the time of admission, or within five (5) working days if an emergency placement.
7. The agency shall obtain written authority for medical care for the child from the parent(s), guardian(s), or court at the time of placement, or within 72 hours in an emergency placement.
8. The agency shall comply with the Interstate Compact on the Placement of Children when placing/admitting children from outside Arkansas.

## **100.12 Intake & Assessment**

1. An intake study shall be completed on each child in care within ten (10) working days after admission, except for adoption agencies.
2. The intake study shall include:
  - a. Demographic information on the child and parent(s), including name, address, birth date, sex, race, and religious preference;
  - b. A factual description of the circumstances requiring placement;
  - c. A brief social history of the family;
  - d. The child's current legal status/custody;
  - e. Any history of previous placements outside the family;
  - f. An assessment of services needed to ensure the health and welfare of the child, including medical history and psychological history.

## **100.13 Case Planning**

1. There shall be a case plan for each child placed by a child placement agency or received for care by a residential facility. The plan shall address the child's needs as identified in the intake study.
2. If the agency is providing casework services to the child's parents, its plan shall be included in the child's case record.
3. If placed by a licensed or exempt agency, the case plan shall be developed before placement, except an emergency placement.
4. If the child is received into residential care without a case plan, the case plan shall be developed within thirty (30) days after placement.
5. The case plan shall be developed after a staffing. Every effort shall be made to include the parent(s), foster parents (if applicable), facility staff (if applicable), caseworker, social worker or probation officer (if applicable), and the child.
6. The child's case plan shall contain, at the minimum:
  - a. Specific and measurable goals for the child;



- b.** Specific tasks for accomplishing the case plan goals;
  - c.** Time frames for completing tasks and goals;
  - d.** Designation of the person responsible for completing each task;
  - e.** Visitation schedule between child and parent(s), if appropriate including arrangements for transportation and supervision of visits;
  - f.** A plan to ensure that the child's educational needs are met according to state law;
  - g.** Date of next review of the case plan, if applicable;
  - h.** Special treatment issues (e.g., psychotropic medications, sexual misconduct, neurological disorders) shall be identified, with a statement of how the special needs shall be met.
- 7.** A copy of the case plan shall be made available to the parent(s), guardian(s), court, or other agencies involved in case plan services delivery.
- 8.** The case plan shall be reviewed at least semi-annually, and goals shall be updated to reflect the child's growth, development, and progress. Psychiatric case plans shall be reviewed monthly. Sex Offender case plans shall be reviewed quarterly.
- 9.** There shall be a specific caseworker responsible for coordinating the delivery of the case plan.
- 10.** If independence is a goal, the case plan shall include training in independent living skills.

## **100.14 Children's Records**

The agency shall keep a confidential case record for each child that includes the following:

- 1.** Demographic information;
- 2.** A complete intake study;
- 3.** Consents, including consent for medical care and authority to place the child;

4. Interstate Compact information, if applicable;
5. Case plans and case plan reviews;
6. Copies of legal documents (e.g., birth certificate, social security card, court orders);
7. Physical exams and immunization records;
8. Psychological reports;
9. Educational reports;
10. Disciplinary and incident reports (may be kept in a separate file);
11. Progress reports;
12. Records of visitation and family contacts;
13. Documentation of casework services and client contact, current to within one (1) month of occurrence;
14. Discharge summary.

## **100.15 Behavior Management**

1. The agency shall have a written discipline policy that is consistently followed.
2. Discipline shall be directed toward teaching the child acceptable behavior and self-control.
3. Discipline shall be appropriate to the child's age, development, and history.
4. The following forms of discipline shall not be used:
  - a. Denial of meals, sleep, shelter, essential clothing, or case plan activities;
  - b. Denial of parental visits or regular phone/mail contact with family. Non-disciplinary case planning issues are excepted;
  - c. Lewd or obscene language;

- d. Derogatory comments about the child, the child's family, race, or gender;
  - e. Restriction to a room for more than a short period of time without periodic observation;
  - f. Locked isolation (psychiatric facilities excepted);
  - g. Physical injury or threat of bodily harm;
  - h. Humiliating or degrading action;
  - i. Extremely strenuous work or exercise;
  - j. Mechanical/chemical restraints (psychiatric facilities excepted);
5. Physical restraint shall be initiated only by trained staff, and only to prevent injury to the child, other people or property, and shall not be initiated solely as a form of discipline.
  6. A child shall not be allowed to administer discipline, except teen parents may discipline their own children.
  7. Searches of a child or a child's personal property shall be for reasons limited to safety and security of children and staff, or in cases of suspected theft.
  8. Any searches requiring removal of clothing shall be done in privacy, and except in foster homes, shall be witnessed by two (2) staff of the same sex as the child.

## **100.16 Exploitation of Children**

1. The facility shall not require a child to acknowledge dependency, destitution, or neglect or to make public statements about his/her background.
2. The facility shall not use or allow to be used, any reports, pictures, or any other information from which a child can be identified, except under the following conditions:
  - a. The child and the parent/guardian sign a consent form that describes the purposes for which the identification is being made;

- b. The signed consent shall say in which publication or broadcast the identification will appear;
- c. The parent/guardian shall be informed that the consent may be withdrawn.

## **100.17 Discharge**

1. The agency shall discharge a child when the case planning team decides that the child is no longer in need of services or can no longer benefit from services provided by the agency.
2. Except in the case of an emergency discharge, the discharge shall be planned by appropriate agency staff, parent(s), child, and any agency that will offer post-discharge services.
3. The agency may discharge a child on an emergency basis if failure to do so could result in harm to the child, other persons, or significant property damage.
4. Each child shall be discharged to the custody of a responsible party.
5. The agency shall promptly notify the Arkansas office of the Interstate Compact on the Placement of Children upon discharging a child from outside Arkansas.
6. The agency shall complete a discharge summary on each child and provide a copy of it to the child's custodian.

## 200. Child Placement Agencies: Foster Care



*In addition to all standards in section 100, the following standards shall be met:*

### 200.1 Selection of Foster Home

1. The agency shall select the home that is in the best interest of the child, the least restrictive possible, and is matched to the child's physical and emotional needs. The placement decision shall be based on an individual assessment of the child's needs.
2. The agency shall document reasons if a child is placed in a foster home more than a two (2) hour drive from the parent(s) home. This does not apply to children in short term foster care awaiting adoptive placement.
3. The agency shall place children only in approved foster homes.
4. Foster homes shall not have more than five (5) children in care, including the foster parent's own children.
5. Foster homes shall not have more than two (2) children under the age of two (2) years, including the foster parent's own children.

6. At least one parent in the foster home shall be able to communicate effectively in the language of the child in care. This does not apply to foster parents for infants or short term emergency placements.
7. The agency shall not place children in foster homes approved by another agency without written approval of the other agency.
8. Foster homes shall not also operate as Day Care Family Homes.

## **200.2 Approval of Foster Homes**

1. The agency shall complete a home study for each foster home applicant to learn if the applicant complies with the Foster Home Standards (see Section 200.3).
2. The agency shall conduct at least two (2) visits in person with the foster parent applicants, including at least one (1) visit to the home, and shall interview every age-appropriate member of the household.
3. At least three (3) confidential personal references must be obtained on the foster family.
4. Each member of the foster family shall have a physical exam within six (6) months before the initial approval.
5. The agency shall ensure that the foster parents receive at least ten (10) hours of preservice training before placing a child in the home.
6. In addition to the required hours of preservice training, the foster parent(s) shall have current CPR and First Aid training. A foster home shall not have a child placed in their care until they have received the CPR and First Aid training.
7. If the agency approves the foster parent(s), the agency shall specify in the home study the number, age, sex, and other characteristics of children for whom the home is approved to provide care. For each foster parent, an individualized training plan shall be developed taking into consideration the age and characteristics of children for whom the foster parent has expressed preferences.
8. Foster parents shall provide documentation that they carry homeowner's or renter's insurance and general liability insurance.

## **200.3 Personal Qualifications / Home Study**

1. In a two-parent home, the husband and wife shall be joint applicants, shall each participate in the approval process, and shall provide verification that they have been married at least two (2) years.
2. No person may serve as a foster parent if any adult member of that person's household is a homosexual. Homosexual, for purposes of this rule, shall mean any person who voluntarily and knowingly engages in or submits to any sexual contact involving the genitals of one person and the mouth or anus of another person of the same gender, and who has engaged in such activity after the foster home is approved or at a point in time that is reasonably close in time to the filing of the application to be a foster parent.
3. The stability of the foster family shall be evaluated and determined to be appropriate.
4. Foster parents shall be at least twenty-one (21) years of age.
5. All members of the household older than twelve (12) years shall receive a Mantoux skin test for tuberculosis every three (3) years, as long as test results remain negative. Household members with a positive skin test must provide documentation from a physician every two years certifying that they are free from communicable tuberculosis.
6. All preschool age children in the household shall have proof of current health immunizations.
7. Foster parents shall be physically, mentally, and emotionally capable of caring for children.
8. The foster family shall provide documentation of sufficient financial resources to meet their needs.
9. The foster family shall provide a plan for child care if both parents are employed outside the home.
10. Each foster parent shall obtain at least fifteen (15) hours of training each year after the first year. This does not apply to foster parents for infants in short term foster care awaiting adoptive placement. Such foster parents shall obtain ten (10) hours of training for the primary care giver and five (5) hours of training for the secondary care giver each year.

11. Each foster parent shall maintain current CPR certification and First Aid training.
12. No new placements of children shall occur with foster parents who have not satisfied the annual training requirements. Administrative-level staff, designated by the agency Director, may grant an exemption to this restriction for up to sixty (60) days. The administrator shall review the quality of care provided by the foster parents, and the reasons for failing to complete the training on time, in deciding whether to grant an exception.

## **200.4 Physical Requirements of the Home**

1. The foster home shall be accessible to community resources needed by foster children.
2. The foster home shall be clean and free of hazards.
3. The foster home shall have a continuous supply of sanitary drinking water. If the source is not a municipal water system, the water must be tested and approved by the Arkansas Department of Health.
4. The foster home shall have at least one (1) flush toilet, one sink with running water, and one bath or shower with hot and cold running water.
5. There shall be operational smoke alarms within ten (10) feet of the kitchen and each bedroom.
6. There shall be a chemical fire extinguisher in the cooking area of the home.
7. The foster parents shall practice and document emergency evacuation drills with each new child entering the home, if appropriate, and at least quarterly thereafter.
8. All heating units with hot external areas shall be screened or otherwise shielded to prevent contact with children.
9. The home shall have at least two (2) exterior doors situated to provide safe exit.
10. The home shall have an operational telephone.
11. Each child shall have adequate space for storing clothing and personal belongings.



12. All household pets shall have proof of current rabies vaccinations.
13. An assessment of the safety of the home shall include any water hazards, dangerous pets, and firearm safety. All firearms shall be maintained in a secure, locked location.

## **200.5 Sleeping Arrangements**

1. Each bedroom shall have at least fifty (50) square feet of floor space per occupant.
2. Each bedroom used for foster children shall have a window to the outside.
3. No more than four (4) children shall share a bedroom.
4. Each foster child shall be provided with a comfortable bed, in good condition.
5. Children of the opposite sex shall not share the same bedroom if either child is four (4) years old or older.
6. No children shall share a double bed if either child is four (4) years old or older.
7. No child under age six (6) years shall occupy a top bunk.
8. Foster children, except infants under age two (2) years, shall not share a sleeping room with adults.
9. Each foster child shall be provided with clean bedding, in good condition, that shall be laundered at least weekly, or as needed.

## **200.6 Medications**

1. Foster parents shall administer medications only in accordance with directions on the label.
2. All medications shall be stored in a secure location, and psychotropic medications shall be kept securely locked.

3. Foster parents shall be aware of possible side effects of all medications.
4. The dispensing of all medications shall be logged.

## **200.7 Transportation**

1. Foster families shall have their own transportation available.
2. Any vehicles used to transport foster children shall be maintained in compliance with motor vehicle laws, and be insured.
3. Foster parents shall allow foster children to be transported only by persons having a valid driver's license.
4. Foster children shall be transported only while wearing safety belts, or in child safety seats, according to Arkansas law.

## **200.8 Responsibilities of Foster Parents**

1. Foster parents shall provide regular activities to promote the physical, social, intellectual, spiritual, and emotional development of the children in care.
2. Foster parents shall provide each child their own clothing that is clean, well-fitted, seasonal, appropriate to age and sex, and comparable to community standards.
3. Foster parents shall allow foster children to acquire and keep personal belongings.
4. Foster parents shall fully cooperate with the child placement agency's efforts to achieve the case plan goals for each foster child, including visitation.
5. Foster parents shall provide routine transportation for each child.
6. Foster parents shall attend and participate in case planning and case plan reviews.
7. Foster parents shall attend school conferences concerning a foster child, and shall notify the placing agency of any situations that may affect the case plan or require agency involvement.

8. Foster parents shall notify the child placement agency promptly of serious illness, injury, or unusual circumstances affecting the health, safety, or welfare of the foster child.
9. Foster parents shall cooperate with the child placement agency and the Licensing Unit in conducting monitoring and investigations, and shall provide information required to verify compliance with rules.
10. Foster parents shall maintain absolute confidentiality of private information about each foster child and the birth family.
11. The foster parents shall give advance notice to the agency of any major changes that affect the life and circumstances of the foster family, whenever possible.
12. Foster parents shall keep a life book for each foster child that includes:
  - a. Periodic photographs of the child;
  - b. A record of the child's memberships, activities, and participation in extra curricular school or church activities.

## **200.9 Monitoring & Re-evaluation**

1. The agency shall monitor the foster family home at least quarterly for continued compliance with the standards of approval for foster homes. This does not apply when there is no child in the home of foster homes for infants in short term foster care awaiting adoptive placement. Before a child can be placed in such a foster home, a monitoring visit shall be done within the three (3) months prior to placement. An annual re-evaluation is still required.
2. The child placement agency shall conduct an annual re-evaluation of the foster family home. Any foster home that does not substantially comply with the standards for approval shall not be approved for placement until compliance is achieved.
3. If the foster family experiences any major life changes (e.g., marriage, divorce, separation, health problems, death, change of residence, change of household composition), the child placement agency shall re-evaluate the home at that time.

## **200.10 Visitation**

1. The agency shall develop a visitation plan that specifies when and how visits will occur between the child and the parents.
2. The child placement agency shall carry out the visitation plan to meet the terms of the plan.
3. Foster parents shall allow foster children and their families to communicate by mail and by phone according to the child's case plan.

***The standards in 200.10 do not apply to children in short term foster care awaiting adoptive placement.***

## **200.11 Agency Responsibilities**

1. The agency shall provide the foster parents with the information necessary to provide adequate care to each foster child, including the child's health, reason for entering care, probable length of placement, and siblings. As additional information is obtained by the caseworker, it shall be promptly shared with the foster parents.
2. The agency shall provide foster parents with instructions for contacting agency personnel any time.
3. An agency caseworker shall visit the child in person at least monthly while the child is in foster care.
4. The agency shall ensure that each child in foster care has a medical exam at least annually.
5. The agency shall include foster parents in case planning for each child, and shall provide a copy of the current case plan and visitation plan.
6. The child placement agency shall remain legally responsible for the supervision and decision making regarding foster children. Foster parents have daily responsibility for the care of the children.
7. The child placement agency shall have a written plan that provides for timely reimbursements to foster parents for costs of care and fees for services.

8. If the child placement agency receives a complaint of non-compliance with licensing standards, the agency shall investigate to learn if the foster home remains in compliance.
9. A written report of complaint investigations, including findings and any corrective action, shall be maintained in the foster home record.
10. The agency shall maintain a record for each foster family that contains all information and documentation required by licensing standards.
11. The agency shall prepare a closing summary, including reasons, if the home closes.

# Therapeutic Foster Care

*In addition to all requirements in Section 100 and Section 200.1 through 200.11, the following standards shall be met in order to be licensed as a Therapeutic Foster Care Agency:*

## 200.12 Therapeutic Foster Home Capacity

1. The number of children placed in one therapeutic foster home shall not exceed two (2), except in the case of a sibling group.
2. Before placing more than one (1) child in a home, the agency shall consider extraordinary problems/needs of each child (e.g., violent behavior, sexual offenses, seizure disorders). Justification of the appropriateness of placing a child in a home with another child shall be documented.

## 200.13 Staffing Requirements, Staff Training & Support

1. Primary responsibilities of program staff shall include treatment planning, leadership of the treatment team, case management, clinical and administrative supervision, twenty-four (24) hour crisis intervention, and discharge planning.
2. The therapeutic foster care agency shall employ a Clinical Director who shall be clearly responsible for implementation of treatment planning and service delivery. The Clinical Director shall be qualified by a master's degree in a human service field, shall have two years' experience in placement or treatment, and shall be a licensed mental health professional (LCSW, LPC, LMFT, Ph.D., psychologist, psychiatrist, etc.).
3. The therapeutic foster care agency shall employ at least one caseworker who shall coordinate the implementation of the treatment plan. The caseworker shall be qualified by a bachelor's degree in a human service field, or shall be a mental health paraprofessional, and shall be supervised by the Clinical Director.
4. All casework staff shall be trained in crisis prevention and intervention, CPR, and First Aid within the first sixty (60) days of employment.

5. All casework staff shall be provided with eight (8) hours of orientation, either prior to employment or within the first week of employment, which shall provide an overview of the following areas:
  - a. The agency's policies and procedures;
  - b. The client's rights, including confidentiality;
  - c. How to handle medical and non-medical emergencies;
  - d. The caseworker's clinical limitations;
  - e. How to document clinical information in the child's and family's records.
  - f. General information regarding commonly prescribed medications and their side effects.
6. The agency shall provide twenty-four (24) hour on-call crisis intervention support to supplement that provided by the caseworker.

## **200.14 Therapeutic Foster Parent Responsibilities**

1. The therapeutic foster parents shall be provided with a written list of duties clearly detailing their responsibilities.
2. Therapeutic foster parents shall be responsible for implementing in-home treatment strategies specified in each child's treatment plan.
3. Therapeutic foster parents shall keep a written record, updated at least weekly, of each child's behavior and progress toward treatment goals.
4. The physical health of the therapeutic foster parents shall be equal to the stress inherent in the care of special needs children, as evidenced by the physician's statement.

## **200.15 Therapeutic Foster Parent Training**

1. Therapeutic foster parents shall be trained in crisis prevention and intervention.
2. Prior to the placement of children in their home, therapeutic foster parents shall complete at least thirty (30) hours of skill-based preservice training consistent with the agency's treatment methodology and the needs of the population served.
3. Each therapeutic foster parent shall complete at least twenty-four (24) hours of skill based training annually, excluding CPR and First Aid.

## **200.16 Medications**

1. The agency shall have an intervention policy that is non-medical, unless a specific medical condition is indicated.
2. When psychotropic medications are prescribed by a physician they shall be used in concert with other interventions.

## **200.17 Service Delivery**

1. The agency shall ensure that professional or casework staff visit with the child face-to-face at least once per week during the first three months after the child's placement with the agency, and at least every other week thereafter.
2. No caseworker shall be responsible for managing more than twelve (12) children's cases.
3. The agency shall have a written program description that is available to residents and parents/guardians. The following information shall be included:
  - a. Program philosophy and mission;
  - b. Services and treatment modalities;
  - c. Treatment planning procedures;
  - d. Behavior management program and expectations of each child;
  - e. Admission, exclusion, and discharge criteria;



- f. Aftercare services.**

**a. Prior treatment documents and intake information;**

**b. Assessments;**

**c. Master treatment plan;**

**d. Treatment plan review;**

**e. Daily observations;**

f. Medication and physician's instructions, if applicable;

**g. Therapy progress notes.**

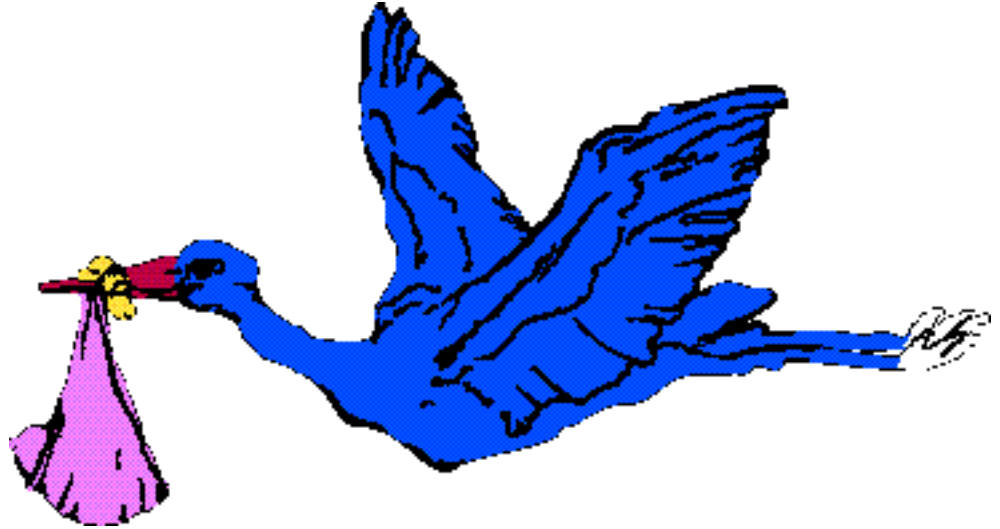
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5. If family involvement is contraindicated, the agency shall make reasonable efforts to identify acceptable substitutes and shall include them in the therapeutic process.

6. The agency shall establish procedures for hearing children's grievances, and shall ensure that each child understands the process.

7. Records for each child shall be kept for five (5) years from the date of discharge.

8. The agency shall document information regarding the rate of reimbursement, including "difficulty of care" payments, paid to foster parents for each child placed in the foster home.

## **300. Child Placement Agencies: Adoptions**



*In addition to all standards in Section 100, the following standards shall be met.*

### **300.1 Selection of Adoptive Home**

1. The agency shall select the home that is in the best interest of each child, the least restrictive possible, and is matched to the child's physical and emotional needs. The placement shall be based on an individual assessment of each child's needs.
2. The agency shall place children only in approved adoptive homes.

### **300.2 Approval Process of Prospective Homes**

1. In a two-parent home, the husband and wife shall be joint, applicants, shall each actively participate in the approval process, and shall provide verification to the social worker or agency conducting the home study that they have been married at least two (2) years.
2. The agency shall ensure there is a completed home study for each prospective adoptive family to determine if they should be approved as an adoptive home.

3. The social worker or agency conducting the home study shall have at least two (2) visits in person with the prospective adoptive family during the initial approval process. One of the visits shall be in the home of the prospective adoptive family.
4. The worker shall have a separate, face to face interview with each prospective adoptive parent.
5. The caseworker shall interview each age-appropriate member of the household in person.
6. Each member of the adoptive household shall have a physical exam within six (6) months prior to the approval by the social worker or agency conducting the home study, and annually thereafter until placement to ensure that no person has a health condition or disability that would interfere with the family's ability to care for a child.
7. All members of the household older than twelve (12) years shall receive a Mantoux skin test for tuberculosis every three (3) years, as long as test results remain negative. Household members with a positive skin test must provide documentation from a physician every two years certifying that they are free from communicable tuberculosis.
8. The agency shall notify applicants in writing within sixty (60) days of completion of the final home visit concerning the acceptance, reason for further delay, or denial of their application.

### **300.3 Contents of the Home Study**

The adoptive home study shall contain the following information, current to within one (1) year prior to each adoptive placement: The home study shall be approved only by the social worker or agency conducting the home study.

1. The family's motivation for adoption and the desired characteristics of the child or children to be adopted.
2. Each family member's attitudes toward adoption.
3. Attitudes of the applicants toward the birth parents(s), including parent search issues.

4. Resolution of any infertility issues.
5. The mental health, emotional stability, and maturity of the applicants.
6. The physical health of all household members, including verification to the social worker or agency conducting the home study that a medical exam was performed.
7. The financial status and stability of the family, including verification to the social worker or agency conducting the home study of income and employment.
8. At least three (3) confidential personal references on the family. The references do not need to be updated unless this is a new adoption in the family or there have been significant changes.
9. The family's ability to cope with stress, loss, and crisis.
10. Adjustment and well-being of any minors residing in the home.
11. The family's child-caring skills and willingness to acquire additional skills.
12. The family's discipline practices.
13. Religious affiliation.
14. A description of the home, its location, and its environment.
15. An assessment of the safety of the home, including all water hazards, dangerous pets, and firearm safety. All firearms shall be maintained in a secure, locked location.
16. A statement in the home study narrative or an addendum that the adoptive parents report to the social worker or agency conducting the home study that they have or have not been denied approval as an adoptive home in the past, and if so, why.
17. A statement regarding the availability and results from criminal records and child maltreatment central registry checks, dated to within one (1) year prior to placement.
18. The stability of the adoptive family and their marriage, if applicable, shall be discussed and determined to be appropriate.

19. A recommendation regarding adoption, including the age, sex, characteristics, and special needs of children best served by this family.
20. If the adoptive family experiences any major life changes (e.g., marriage, divorce, separation, health changes, change of residence, change of household composition), the social worker or agency shall re-evaluate the family prior to placement of a child. An additional home visit is required if there has been a change of residence.

## **300.4 Services to the Adoptive Parents**

1. The agency shall provide services to the adoptive applicants to help them make an informed decision about adoption.
2. The agency shall provide a written statement of exclusion (e.g., single parents, unwed couples), if applicable, to adoptive applicants before a home study is conducted.
3. The following information (if available) shall be provided to adoptive parents regarding the child being considered for adoption:
  - a. Specific and accurate information about the needs and characteristics of the child.
  - b. The health/medical history of the child and the child's biological family.
  - c. The health status of the child at the time of placement.
  - d. Genetic and social history of biological relatives, including:
    - Medical history
    - Health status, if alive
    - Cause of and age at death, if deceased
    - Height, weight, eye and hair color
    - Levels of education and professional achievement
    - Ethnic origins
    - Religion.
4. The agency caseworker shall ensure that at least two (2) post-placement visits in person are made before the final decree of adoption is issued, or the stipulated time of the fulfillment of the

interlocutory decree. One of the visits shall be in the home of the adoptive family.

5. The agency shall have a plan for caring for children in case the placement disrupts before the issuance of a decree of adoption.
6. The agency shall offer supportive services to the adoptive family for at least six (6) months following placement.

## **300.5 Services to Birth Parents**

If the agency is providing casework services to either birth parent, the following services shall be offered:

1. An intake study completed within thirty (30) days after the client's decision to work with the agency.
2. Obstetrical care during pregnancy, birth, and up to six (6) weeks after birth.
3. Counseling for both parents that shall include the following:
  - a. Information, rights, options, and obligations regarding the adoption process.
  - b. Issues related to grief and loss.

## **300.6 Birth Parent Records**

The agency may elect to keep birth parent records and the child's records in the same file. If the agency has provided casework services to the birth parents, the following information shall be kept in a confidential file:

1. The parents' case plan, including any reviews/updates.
2. All correspondence with the birth parents.
3. All signed documents between the agency and the birth parents.
4. Documentation of all casework services provided before and after the adoption, current to within one (1) month of occurrence.

## **300.7 Adoptive Family Records**

The agency shall keep a confidential case record for each family that received a child for adoption. The record shall contain:

1. The application to adopt;
2. The completed home study;
3. Criminal Record checks and Child Maltreatment Central Registry checks;
4. A copy of the information given to the adoptive parents regarding the child they received;
5. Copies of all legal documents concerning the adoption.

## **300.8 Record Maintenance**

1. The agency shall maintain a permanent file on any adoption finalized, which shall be accessed according to Arkansas law.
2. If the agency establishes or contracts with a Mutual Consent Voluntary Adoption Registry, it shall be maintained according to Arkansas law.

## 400. Residential Child Care Facilities



*In addition to all standards in Section 100, the following standards shall be met:*

### 400.1 Admission

1. The facility shall establish that all persons referred for admission are under the age of eighteen (18) years at the time of admission. Residents who remain in the program after reaching age eighteen (18) years shall continue to be subject to the facility's behavior management program.
2. Except an emergency shelter, the facility shall admit a child under age six (6) years only if that child is a part of a sibling group of whom one child is age six (6) years or older, or if it is the summer before the child is eligible to enter first grade. Exception is also made for the infant child of a mother who is admitted to the facility.
3. Emergency shelters may admit children for a maximum of ninety (90) days.



4. When a child under the age of six (6) years is in care, the facility shall evaluate the continued appropriateness of the placement every ninety (90) days and document the evaluation in the child's record.
5. If a facility has been inactive for more than six (6) months, the Licensing Unit shall be notified before children are taken into care.

## **400.2 Personnel**

1. Each facility shall employ child caring staff who shall be responsible for ensuring the proper care, treatment, safety, and supervision of the children in care at the facility.
2. There shall be a staff/child ratio of at least 1:9 during waking hours and at least 1:12 during sleeping hours. If any child is under age six (6) years, the ratio shall be at least 1:7 at all times. Only staff who directly supervise children shall be counted in this ratio. Staff members own children shall be counted in the ratio. *Psychiatric facilities see Section 500.*
3. Agencies that mix children requiring different levels of supervision shall maintain the most intensive staff/child ratio.
4. Child caring staff shall be at least twenty-one (21) years old and have a high school diploma or the equivalent.
5. Assistant child caring staff shall be at least nineteen (19) years old, have a high school diploma or the equivalent, and be under the direct supervision of regular staff.
6. All child caring staff and each member of a houseparent's family older than twelve (12) years shall receive a Mantoux skin test for tuberculosis upon entry to the program and every three years thereafter, as long as test results remain negative. Staff and houseparent family members with a positive skin test must provide documentation from a physician every two years certifying that they are free from communicable tuberculosis.

## **400.3 Staff Training**

1. All direct care staff shall be trained in crisis intervention strategies.

2. No staff shall be allowed to participate in a physical restraint until properly trained to do so. Psychiatric facility staff shall be certified in physical intervention.
3. All direct care staff shall have thirty (30) hours of job related in-service or workshop training each year. First aid, CPR, and in-service training at the facility may be included. Part-time staff shall have at least fifteen (15) hours of job related in-service or workshop training each year.
4. At least one (1) staff currently certified in CPR and First Aid must be able to immediately respond to an emergency.

#### **400.4 Personal & Medical Care**

1. The facility shall provide each child with adequate and nutritious food.
2. The facility shall ensure that each child has sufficient sleep for his/her age and physical condition.
3. Each child shall have a medical exam at least annually. Health exams need not be repeated during the year if a child moves from one facility or agency to another, provided the results of the exam are available to the receiving facility or agency.
4. Each child shall be instructed in good grooming and personal hygiene habits.
5. Each child shall be provided with his/her own clothing that is clean, well fitting, seasonal, and appropriate to age and sex, unless otherwise directed by a physician.
6. All medications shall be administered to children by staff according to medical instructions. *Psychiatric facilities see Section 500.*
7. The dispensing of all medications shall be logged.
8. Medications belonging to children shall be returned to the parent or custodian upon discharge. *Psychiatric facilities see Section 500.*
9. When psychotropic medications are prescribed by a physician, they shall be used in conjunction with other treatment interventions.

10. The facility shall notify a child's parent(s) or legal guardian and law enforcement immediately after the child is discovered to have run away, and promptly upon the child's return.
11. The parent or guardian shall be promptly notified of any serious illness or injury.

## **400.5 Education, Work, & Training**

1. The facility shall teach each child the daily living tasks required as a part of living in a group setting, and shall assign only light chores that are age-appropriate.
2. The facility shall safeguard money earned by each child, and shall ensure that each child's earnings are available to that child under staff supervision for personal use.
3. The facility shall not allow a child's outside employment, chores, or extracurricular activities to interfere with the child's time for school, sleep, family visits, or case plan activities.
4. The facility shall not use a child as a substitute for staff.
5. No child shall be allowed to operate machinery or dangerous equipment without proper adult supervision.

## **400.6 Grounds**

1. The grounds of the facility shall be kept clean and free of safety hazards.
2. The facility shall provide sufficient outdoor recreation space and age-appropriate play equipment to meet the needs of each child in care.
3. Swimming pools shall be inspected and approved annually by the Arkansas Department of Health.

## **400.7 Buildings**

1. All buildings used by children or staff shall be inspected and approved annually for fire safety as required by authorized fire inspection officials.
2. All buildings used by children or staff shall be inspected and approved annually for health and sanitation as required by the Arkansas Department of Health.
3. All buildings shall comply with local zoning ordinances and land use requirements where those exist.
4. All buildings shall comply with building codes in effect at the time the building was converted to use as a child care facility.
5. All buildings and furnishings shall be maintained in a safe and clean condition.
6. There shall be no more than twelve (12) children in a sleeping unit. Sleeping units sharing the same building shall be separated by a wall, kitchen, dining room, or other such area that gives a sense of separation. This does not apply to psychiatric treatment facilities.
7. All parts of buildings used as living, sleeping, or bath areas shall have a heating and ventilation system that keep the temperature a minimum of 65 degrees.
8. The facility shall provide a living area that has at least thirty-five (35) square feet of floor space per child. The dining area and indoor recreation area may be included in this space.
9. The facility shall provide a dining room.
10. The facility shall have a kitchen.

## **400.8 Sleeping Arrangements**

The facility shall provide bedrooms for the children that meet the following requirements:

1. There shall be no more than four (4) children per bedroom.
2. There shall be at least fifty (50) square feet of floor space per child in each bedroom.

3. No child age four (4) years or over shall share a bedroom with a child of the opposite sex.
4. Each child shall have a separate bed with a mattress, sheets, pillow, pillowcase, and adequate cover, all in good condition.
5. Beds shall be positioned to ensure all children can easily exit the room in case of emergency.
6. No child under the age of six (6) shall occupy a top bunk.
7. Bedding shall be changed at least weekly, more often if needed.
8. Each child shall have an area to store personal belongings.
9. Staff sleeping quarters shall be separate from children's sleeping rooms.
10. Room arrangements shall be based on characteristics of the individual resident to ensure the safety of each child.

## **400.9 Bathrooms**

The facility shall provide bathrooms for the children that meet the following requirements:

1. There shall be a separate toilet, bathtub or shower, and sink for each six (6) children.
2. There shall be an adequate supply of hot and cold running water.
3. The bathroom shall be clean and sanitary.
4. There shall be separate bath and toilet facilities for boys and girls.
5. There shall be an adequate supply of soap, towels, and tissues.

## **400.10 Health & Safety**

1. The facility shall have an operable telephone or comparable communication system.

2. The facility shall have a continuous supply of clean drinking water. If the water source is not a municipal system, the source must be approved by the Arkansas Department of Health.
3. A private sewage/septic system shall be approved by the Arkansas Department of Health.
4. There shall be operational smoke detectors near the cooking area, heating units, and within ten (10) feet of each bedroom.
5. A portable chemical fire extinguisher shall be kept in the cooking area of each building.
6. There shall be an emergency evacuation plan diagramed and posted in each building used by children.
7. Fire drills shall be practiced each month, and severe weather and other appropriate emergency drills shall be practiced quarterly. A record of drills shall be maintained, showing date and time of day of the drill, number of participants, and length of time required to reach safety. Each newly admitted child shall be instructed in emergency procedures during orientation.
8. All medications shall be kept securely locked.
9. The facility shall have proof of current rabies vaccinations for all household pets.

## **400.11 Transportation**

1. The facility shall have its own transportation available.
2. Any vehicles used to transport children shall be maintained in compliance with motor vehicle laws, and be insured.
3. Children shall be transported only by a staff person possessing a valid driver's license.
4. Children shall be transported only while wearing safety belts, or in child safety seats, according to Arkansas law.

## 500. Psychiatric Residential Treatment Facilities



*In addition to all standards in Sections 100 and 400, the following standards shall be met:*

### 500.1 Licensing Approval & Monitoring

1. A multi-disciplinary team shall assist the Licensing Specialist in the initial study for advisory purposes. The team shall include a licensed mental health professional in the appropriate field.
2. At the discretion of the Licensing Unit, a multi-disciplinary team may be asked to assist the Licensing Specialist during monitoring visits for advisory purposes.
3. All applicants for a Psychiatric Residential Treatment Facility license after January 1, 2000 shall obtain a Permit of Approval (POA) from the Arkansas Health Services Agency prior to submitting an application or change of status request to the Child Welfare Agency Review Board.

## **500.2 Personnel**

The agency shall employ:

1. A Medical Director who is licensed in Arkansas as a medical doctor or doctor of osteopathy, and who is board certified or board eligible in psychiatry by the American Board of Psychiatry and Neurology;
2. A Director of Nursing/Nurse Manager who is licensed in Arkansas as a Registered Nurse;
3. A Program Director who has at least a master's degree in a human services field and is licensed in Arkansas as a mental health professional;
4. One or more therapists having at least a master's degree in a human services field and licensed as mental health professionals;
5. Child caring staff who are at least twenty-one (21) years of age and have a high school diploma or the equivalent;
6. The staff/child ratio shall be at least 1:6 during waking hours and at least 1:8 during sleeping hours. Only staff who directly supervise children shall be counted in this ratio.

## **500.3 Program**

1. The agency shall have a written program description that is available to residents and parents or guardians. The following information shall be included:
  - a. program philosophy and mission;
  - b. services and treatment modalities;
  - c. treatment planning procedures;
  - d. behavior management program and expectations of each child;
  - e. levels and privileges (if applicable);
  - f. admission, exclusion, and discharge criteria
  - g. aftercare services.



2. The agency shall keep documentation that includes:
  - a. prior treatment documents and intake information;
  - b. assessments;
  - c. master treatment plan;
  - d. treatment plan review;
  - e. daily observations and nursing summaries;
  - f. medication and physician's orders;
  - g. therapy progress notes;
  - h. physician notes.
3. The agency shall establish safeguards to limit access to records by authorized individuals only.
4. The agency shall have written policies and procedures for family therapy, family visitation, and therapeutic passes subject to progress, treatment and physician's orders.
5. If family involvement is contraindicated, the agency shall make reasonable efforts to identify acceptable substitutes and shall include them in the therapeutic process.
6. The agency shall establish and post a written list of children's rights.
7. The agency shall establish a procedure for hearing children's grievances, and shall ensure that each child understands the process.
8. Records for each child shall be kept for five (5) years from the date of discharge.

## **500.4 Behavior Management**

1. The agency shall have a written policy governing the use of behavior control measures with children, including physical, mechanical, or chemical restraints and seclusion rooms.

2. Chemical restraints shall be used only if so ordered by a physician.
3. Seclusion or mechanical restraints shall be used only if ordered by a physician, clinically qualified registered nurse, or other licensed independent practitioner. The agency may authorize other qualified, trained staff members who are not licensed independent practitioners to initiate the use of seclusion or restraint before an order is obtained from the licensed independent practitioner. The following licensed independent practitioners, if clinically qualified, may be approved by the agency to order seclusion or restraints or to conduct the face-to-face assessments required following such order: licensed certified social worker, licensed marriage and family therapist, licensed psychological counselor, licensed Ph.D. psychologist, licensed professional counselor, licensed professional associate counselor, or other licensed mental health professional. The licensed professionals shall work under the supervision and/or review of the agency medical director.
4. Each written order for a physical restraint or seclusion is limited to two (2) hours for children ages nine (9) to seventeen (17) years, or one (1) hour for children under age nine (9) years. A physician, clinically qualified registered nurse or other authorized licensed independent practitioner must conduct a face-to-face assessment of the child within one (1) hour after the initiation of the ordered intervention.
5. The original order may only be renewed in accordance with these limits for up to a total of twenty-four (24) hours. After the original order expires, a physician, clinically qualified registered nurse or other authorized licensed independent practitioner must see and assess the child before issuing a new order.
6. Staff shall search each child before placement in seclusion, and all potentially hazardous items shall be removed.
7. Staff shall visually check each child in seclusion or restraints at least every fifteen (15) minutes, and shall document each check.

## **500.5 Health Care Services**

1. The agency shall have a written policy for conducting health and related exams and assessments upon admission.
2. All controlled substances shall be kept under double lock.

3. Medication shall be dispensed in accordance with state and federal laws.
4. The agency shall have a written plan for prescribing, receipt, storage, dispensing, and accounting for all medications, including medications in the client's possession at the time of admission.
5. Disposal of unused medications and contaminated medical supplies shall follow established medical procedures.
6. Any stimulant or psychotropic medicine requiring intra-muscular injection shall be administered only by a physician, registered nurse, or LPN.
7. The agency shall require medical representation at major treatment staffings on each child.

## **500.6 Building Requirements**

1. Seclusion rooms shall meet the following criteria:
  - a. At least thirty-five (35) square feet of floor space;
  - b. Sufficient lighting, with a shatterproof, recessed light fixture beyond reach of the child;
  - c. A door able to be opened from the outside at all times without use of a key or a removable locking device;
  - d. A door with a shatterproof observation window;
  - e. Located reasonably near to the staff work area.
2. The facility shall be designed, constructed, and furnished to reduce the risk of suicide and assault including, but not limited to:
  - a. Light fixtures that are recessed or abut to the ceiling;
  - b. No wooden or wire hangers;
  - c. No metal flatware or kitchen utensils;
  - d. Non-breakable windows or an alarm system that would signal when a child has left the facility without permission;

- e.** No exposed electrical wires, cords, chains, or ropes;
- f.** Sturdy, well-constructed furniture that cannot be broken for use as a weapon or means of self-inflicted injuries;
- g.** No exposed open electrical outlets.

## 600. Sexual Offender Programs



*In addition to all standards in Section 100, and standards in Section 200, 400 and/or 500, as applicable, the following standards shall be met:*

### 600.1 Licensing Approval & Monitoring

1. A multi-disciplinary team shall assist the Licensing Specialist during the initial study for advisory purposes. This team shall include a licensed mental health professional.
2. At the discretion of the Licensing Unit, a multi-disciplinary team may be asked to assist the Licensing Specialist during monitoring visits for advisory purposes.

## **600.2 General Requirements**

1. A sexual offender program shall not be located within one thousand (1000) feet of an elementary school, day care center, or day care family home.
2. The agency shall have written policies governing the supervision and monitoring of children on the grounds and in the community, including direct visual or auditory monitoring of moderate or high risk offenders (based on 600.3.3.d).
3. The agency shall have a written philosophy of public safety and a policy describing procedures to ensure public safety.
4. The staff/child ratio shall be at least 1:6 during waking hours and at least 1:8 during sleeping hours.
5. The agency shall have a written plan providing for appropriate supervision of all children, including allowance for diminished supervision in accordance with each child's progress.
6. Twenty-four (24) hour awake supervision is required for residential child care programs and psychiatric residential treatment programs.

## **600.3 Admission**

1. The agency shall have written policies regarding description of the target population, admission/exclusion criteria, and discharge criteria.
2. The agency shall have a written policy describing sexual offender risk levels it will accept for admission, and therapeutic interventions it will utilize for each risk level.
3. Intake information shall include:
  - a. description of the offense;
  - b. psychosexual assessment;
  - c. relapse risk factors;
  - d. treatment precautions;
  - e. progress indicators;

- f. discharge summary from previous offender-specific treatment;
- g. justification for recommended level of treatment.

## **600.4 Personnel**

1. The Program Director or Clinical Director (the person supervising casework services) shall meet all other requirements, plus have not less than forty (40) hours of sexual offender treatment training and a minimum of two (2) years of sexual offender treatment experience. Certification as a sexual offender treatment trainer may be substituted for the required experience.
2. Direct care staff shall have a minimum of ten (10) hours of sexual offender treatment training within sixty (60) days of their employment.

## **600.5 Staff Training**

All direct care staff shall have at least ten (10) hours of sexual offender training annually, which may be included in the required thirty (30) hours of annual training (Section 403.3).

## **600.6 Program**

1. The agency shall offer a written program description that includes treatment tasks appropriate to the previously identified needs of the individual client (see Section 603.3), including but not limited to:
  - a. acknowledgement of offense;
  - b. cognitive distortions;
  - c. cycle of abuse;
  - d. human sexuality;
  - e. sexual arousal patterns;
  - f. victim empathy;
  - g. social skills development;

- h. relapse prevention;
  - i. community registration.
2. If treatment services are contracted, there shall be evidence of participation by the contracted therapist in treatment planning reviews and individualized program implementation.

## 600.7 Sleeping Arrangements

1. Two (2) children in Sexual Offender programs shall not share a bedroom. Temporary arrangements for two (2) children sharing a bedroom shall be permitted due to census fluctuations or specialized treatment interventions.
2. Room arrangements shall be based on characteristics of the individual residents to ensure the safety of non-offender and/or low risk residents.